

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/512073**
FILING DATE **Winston Alvarez**
APPLICANT(S) **National Stage Processing**
PERSONNEL SPECIALIST
(703) 355-6421

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3	/							53					
4		/						54					
5	/							55					
6	/							56					
7	/							57					
8	/							58					
9		/						59					
10		/						60					
11		/						61					
12		/						62					
13		/						63					
14	/							64					
15		/						65					
16		/						66					
17		/						67					
18		/						68					
19		/						69					
20	/							70					
21		/						71					
22		/						72					
23		/						73					
24		/						74					
25	/							75					
26		/						76					
27		/						77					
28		/						78					
29		/						79					
30	/							80					
31		/						81					
32		/						82					
33		/						83					
34		/						84					
35	/							85					
36		/						86					
37		/						87					
38		/						88					
39		/						89					
40	/							90					
41	/							91					
42		/						92					
43		/						93					
44		/						94					
45	/							95					
46		/						96					
47		/						97					
48		/						98					
49	/							99					
50		/						100					
TOTAL IND.	14		↓		↓			TOTAL IND.		↓		↓	
TOTAL DEP.	36	←		←		←		TOTAL DEP.		←		←	
TOTAL CLAIMS	50							TOTAL CLAIMS					

BEST AVAILABLE COPY